

Fill in this information to identify your case:

Debtor 1 **Stephanie T. Fryer**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DIST. OF PENNSYLVANIA**

Case number **21-11319MDC13**
 (if known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
☐ Yes. **Does Debtor 2 live in a separate household?**
☐ No
☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

- ☒ No
☐ Yes. Fill out this information for each dependent.....
- | Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names. | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|---|--|-----------------|---|
| | | | <input type="checkbox"/> No
<input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No
<input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No
<input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No
<input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No
<input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

- 4. The rental or home ownership expenses for your residence.** 4. **\$1,232.00**
 Include first mortgage payments and any rent for the ground or lot.
- If not included in line 4:**
- | | |
|---|---------------------|
| 4a. Real estate taxes | 4a. \$0.00 |
| 4b. Property, homeowner's, or renter's insurance | 4b. \$0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. \$200.00 |
| 4d. Homeowner's association or condominium dues | 4d. \$0.00 |

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Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	<u>\$0.00</u>
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$400.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$62.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$146.00</u>
6d. Other. Specify: <u>Cable/internet</u>	6d.	<u>\$191.00</u>
7. Food and housekeeping supplies	7.	<u>\$375.00</u>
8. Childcare and children's education costs	8.	<u>\$0.00</u>
9. Clothing, laundry, and dry cleaning	9.	<u>\$40.00</u>
10. Personal care products and services	10.	<u>\$15.00</u>
11. Medical and dental expenses	11.	<u>\$125.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$200.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$0.00</u>
14. Charitable contributions and religious donations	14.	<u>\$46.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$0.00</u>
15b. Health insurance	15b.	<u>\$0.00</u>
15c. Vehicle insurance	15c.	<u>\$125.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	<u>\$0.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

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20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

21. Other. Specify: **See continuation sheet** 21. **+** **\$55.00**

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a.	\$3,212.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	_____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$3,212.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$3,910.50
23b. Copy your monthly expenses from line 22c above.	23b.	-\$3,212.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$698.50

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

HOPES TO OBTAIN HEALTH CARE COVERAGE

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21. Other. Specify:

Accounting Fees

\$25.00

Eyewear/contacts

\$30.00

Total:

\$55.00